

Effective December 8, 2004

Application or Docket Number 10/524049

| CLAIMS AS FILED - PAR (Column 1) |  |   |                               |  | (Column 2)    |                                   | SMALL ENT           | SMALL ENTITY TYPE      |    | OTHER THAN OR SMALL ENTITY |                        |
|----------------------------------|--|---|-------------------------------|--|---------------|-----------------------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S                              | . NATIONAL                                   | STAGE FEES                                | T                             |  |               | Jonann,                           | RATE                | FEE                    | 1  | RÀTE                       | FEE                    |
| BASIC FEE                        |  |   | SMALL ENT                     | SMALL ENT. = \$ 150  |               | GE ENT. = \$ 300                  | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE                  |  |   | Satisfies PCT A<br>(4) = \$50 | 0/\$100`   | \$            | ther situations = \$ 100 / \$ 200 | EXAM. FEE           | <u> </u>               |    | EXAM. FEE                  | 200                    |
| SEARCH FEE                       |  |   | ALL other cou                 | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |               | ther situations = \$ 250 / \$ 500 | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE                              | FOR EXTRA S                                  | SPEC. PGS.                                | min                           | nus 100 =  |               | / 50 ≒                            | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот                              | TAL CHARGEAE                                 | BLE CLAIMS                                | 28 mi                         | 28 minus 20 = ,  |               | 8                                 | X \$ 25 =           |                        | OR | X \$ 50 =                  | 400                    |
| INDE                             | EPENDENT CL                                  | AIMS                                      | 2-11                          | ninus 3 =  | *             |                                   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL                              | TIPLE DEPEN                                  | IDENT CLAIM PRE                           | ESENT                         |  |               |                                   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If                             | the difference                               | e in column 1 is l                        | less than zero                | ວ, enter "(  | )" in cc      | olumn 2                           | TOTAL               |                        | OR | TOTAL                      | 1300                   |
|                                  | CLAIMS AS AMENDED - PART                     |   |                               |  |               |                                   | SMALL F             | SMALL ENTITY           |    | OTHER THAN<br>SMALL ENTITY |                        |
| NTA                              |  | REMAINING<br>AFTER<br>AMENDMENT           |                               | NUME<br>PREVIO<br>PAID   | IBER<br>OUSLY | PRESENT<br>EXTRA                  | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                        | Total  | *   | Minus                         | **   |               | =                                 | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| AMEN                             | Independent                                  | *   | Minus                         | ***  |               | =                                 | X \$ 100 =.         |                        | OR | X \$ 200 =                 |                        |
|                                  | FIRST PRES                                   | SENTATION OF M                            | IULTIPLE DEP                  | ENDENT (   | CLAIM         |                                   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                  |  |   |                               |  |               |                                   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|                                  |  | (Column 1)                                | ·                             | (Colun   |               | (Column 3)                        |                     |                        |    |                            |                        |
| NT B                             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHI<br>NUME<br>PREVIO<br>PAID I                                    | BER<br>DUSLY  | PRESENT<br>EXTRA                  | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                        | Total  | *   | Minus                         | **   |               | =                                 | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| AME                              | Independent                                  | *   | Minus                         | ***  |               | =                                 | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA |   |                               |  | CLAIM         |                                   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                  | •  |   |                               |  |               |                                   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|                                  |  |   |                               |  |               |                                   |                     |                        |    |                            |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)